

TRANSFER OF USDA COMMODITIES BETWEEN SCHOOLS

DATE: _____

COMMODITY AND AMOUNT: _____

RELEASED FROM: _____
(School Name and Agreement Number)

RELEASED BY: _____
(Signature)

DELIVERED BY: _____
(School Name and Agreement Number)

RECEIVED BY: _____
(Signature)

- Prepare in triplicate
- One copy to each school involved
- Send one copy with original signatures to:
School Nutrition Programs
Office of Public Instruction
P. O. Box 202501
Helena, MT 59620-2501